

Ariix New Rep Application

Sponsor Name _____ Sponsor ID _____

APPLICANT

First Name _____ Last Name _____
Leave blank if same as above
SSN# _____ Birth Date (mm/dd/yyyy) _____
Must be 18 years or older

CO-APPLICANT / SPOUSE

First Name _____ Last Name _____

BILLING ADDRESS

SHIPPING ADDRESS

☐ Same as billing

Address _____ Address _____
City _____ City _____
State _____ ZIP _____ Country _____ State _____ ZIP _____ Country _____

CONTACT INFORMATION

Evening Phone _____ Email _____

STARTUP ORDER (choose 1)

☒ **BOS \$34.95**
BOS (Business Orientation System) purchase is required for all new members

☐ Transform Pack A \$370 250 PV ☐ Transform Pack C \$370 250 PV ☐ Transform Pack D \$370 250 PV ☐ Ultimate Transformation \$2,128 1,500 PV



Monthly Auto Delivery Order (choose 1)

☐ 1 Slenderiiz/1 Rejuveniix AD Pack:
\$152 / 100 PV



☐ Super Energy AD Pack:
\$154 / 100 PV



☐ Weight Loss AD Pack:
\$152 / 100 PV



PAYMENT INFORMATION

Name _____ Exp Date _____
Card Number _____ CCV _____

